

GETSCREENEDSD
615 E. 4TH STREET
PIERRE, SD 57501

SPECIAL
POINTS OF
INTEREST:

- Colorectal cancer is the #2 cause of cancer death for men and women.
- Every 3 minutes someone is diagnosed with colorectal cancer.
- GetScreenedSD is on Facebook! <https://www.facebook.com/getscreensdsd>

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Colorectal Cancer Tests Save Lives

Colorectal Cancer is the #2 leading cancer killer of men and women in the US and South Dakota, following lung cancer. Although the percentage of the US population that is up-to-date with recommended screening increased from 54% in 2002 to 65% in 2010, 2012 data shows that 27.7% of US adults have never been screened. "The proportion who had never been screened was greater in those without insurance (55%) and without a regular care provider (61%)." In South Dakota, only 62.3% of adults aged 50-75 were up-to-date with CRC screening. This puts South Dakota in the lower third of states.

The US Preventive Services Task Force (USPSTF) recommends three CRC screening tests that are



Logo for GSSD Colorectal Awareness Month campaign

effective at saving lives: colonoscopy, stool tests (immunochemical fecal occult blood test (iFOBT) or fecal

immunochemical test (FIT)), and sigmoidoscopy. According to a recent edition of CDC's MMWR, "the potential to increase screening rates exists if healthcare providers identify the test that their patient is most likely to complete and consistently offer all recommended screening tests."

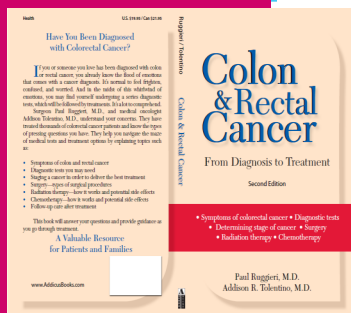
This March, all GSSD sites will receive several items to promote colorectal cancer screening. Watch for the #2 Killer logo in other locations too!

Together we can increase colorectal cancer screening rates!

GetScreenedSD Data

2703 Patients enrolled (FIT + Colonoscopies)
2264 Patients screened with FIT
555 Colonoscopies (enrolled with and after positive FIT)
420 Patients had positive FITs
334 Patients had polyps removed
781 Polyps were removed
4 Cancers diagnosed
330 Potential cancers prevented

Resource for Colorectal Cancer Patients



Snapshot of Treatment Guide.

The 5-year relative survival of individuals who have early stage colorectal cancer is 90% but is only 12% when diagnosed after the cancer has spread to other organs.

The Blue Star is the symbol for Colorectal Cancer Awareness.



The South Dakota Colorectal Workgroup is pleased to provide a resource to newly diagnosed colorectal cancer patients. The colorectal cancer patient book "Colon and Rectal Cancers: A Patient Treatment Guide" is available for distribution at your office. This patient-focused guide provides critical information to the newly diagnosed. The books are provided to health professionals free of

charge and we ask that you distribute them to patients after a colon or rectal cancer diagnosis.

We need your help to reach our goal of giving the book to every newly diagnosed colorectal cancer patient. Thank you for your effort in providing critical treatment and survivorship information to cancer patients in South Dakota. **If you would like additional copies, please**

contact Stacie Fredenburg by e-mail stacie.fredenburg@cancer.org or phone toll-free 1-800-660-7703.

The books are distributed from the American Cancer Society office, which is located at 4904 S. Technopolis Drive, Sioux Falls, SD 57106.

Patient Navigation Training Opportunity

The GetScreenedSD (GSSD) Program will offer a Patient Navigation and Motivational Interviewing training opportunity to clinical staff of current GSSD screening sites. The two day training session is focused on communication skills and reduction of barriers. The training will be held on May 5 & 6 in Pierre.

Trainers are Andrea Dwyer, Colorado Cancer Prevention and Control Research Network Project Director and Kathleen Garrett, University of Colorado School of Public Health Research Senior Instructor.

The training will be open to the first 30 who register. Screening sites will receive

a stipend for staff who attend. The stipend can be used for mileage, per diem, and hotel accommodations.

A postcard with detailed registration information will be sent to GSSD sites.

Register at: <http://conta.cc/lg65Tjp>.

Executive Proclamation

Governor Dennis Daugaard has proclaimed March 2014 as Colorectal Cancer Awareness Month. The proclamation highlights the following points:

- Colorectal cancer is the 3rd

most commonly diagnosed cancer and the 2nd most common cause of cancer deaths for men and women in the US.

- The vast majority of colon cancer deaths can be prevented through screening and early detection.
- Every three minutes,

someone is diagnosed with colorectal cancer and every ten minutes, someone dies from colorectal cancer.

- Education and awareness can help inform the public of prevention methods and symptoms for early detection.

Quality Measures of Colonoscopy Services by Dr. Dale Bachwich



As in other parts of health care, there is growing attention to quality measurement in the delivery of colonoscopy services. Since the introduction of screening colonoscopy in many Western countries over 10 years ago, there is growing concern over the gap between the efficacy of colonoscopy to prevent colon cancer in large clinical trials versus the effectiveness of colonoscopy as employed in the community at large. Further, there are large variations in the practice of colonoscopy, and it is thought that these variations in performance account for the diminished effectiveness, and in some circumstances, also increase cost.

There are a number of drivers of colonoscopy quality. Preparation quality, or

cleanliness of the colon at the time of colonoscopy, appears to be partly patient-dependent and include both psychosocial features and physiologic features. The type of colonoscopy prep and how it is administered also impacts prep quality. Endoscopist-dependent features include cecal intubation rate (the percentage of time that endoscopist reaches the cecum, or top of the colon), withdrawal time (the time spent inspecting the colon during the withdrawal phase of the exam), and adenoma detection rate. Adenoma detection rate is the percentage of time the endoscopist finds at least one adenomatous polyp during a screening colonoscopy in an average-risk individual. Adenoma detection rate is a strong predictor of the risk of an interval colon cancer after a screening colonoscopy. Patients who undergo colonoscopy by an endoscopist with a high adenoma detection rate have a significantly lower risk of developing an interval colon cancer compared with those patients who have colonoscopy performed by an

endoscopist with a low adenoma detection rate. Unfortunately, adenoma detection rate varies widely among endoscopists. Studies are actively underway to determine how an endoscopist with a low adenoma detection rate can improve his or her adenoma detection rate.

Quality of colonoscopy services does not end with the actual procedure itself. The quality of recommendations for follow-up surveillance colonoscopy after the initial screening colonoscopy is receiving much greater attention. The frequency of surveillance colonoscopy is a major driver of cost in a colon cancer prevention program. High quality recommendations mean that those patients who are at the lowest risk (no family history and no polyps seen on initial exam) are given instructions to repeat their exam in ten years, while those patients with increased or high risk (positive family history, or more than one or two

*Centers for
Medicaid and
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colonoscopy.*

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HPV Cancer Prevention Campaign

The CDC added new resources for providers to its [You are the Key to HPV Cancer Prevention campaign](#). The new resources include tips for providers, slides, fact sheets, Medscape commentaries for

provider education, and handouts for parents and patients in English and Spanish. The goal is to help health care professionals talk with parents, pre-adolescents, teenagers, and young adults about the benefits



of HPV
vaccination.

**HPV Vaccine is Cancer
Prevention**

GETSCREENEDSD

Stop Colorectal Cancer.

GetScreenedSD

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Upcoming Grand Rounds

Mark your calendar for Colorectal Cancer Grand Rounds at 12:00-1:00pm CDT on April 30th. Linda Herrick, PhD, SDSU College of Nursing will present "Statewide Capacity for Colorectal Cancer Screening and Healthcare Provider Knowledge, Attitudes, Practices, and Beliefs." To register for this event or for more information go to www.usd.edu/cme. To view remotely, please contact your system administrator to ensure that arrangements are made at your location.

Quality Measures continued

diminutive adenomas on initial exam, or both) receive recommendations for follow-up surveillance colonoscopy at a time interval appropriate to their particular situation. Centers for Medicaid and Medicare Services (CMS) is implementing quality measures this year for colonoscopy based on the appropriateness of follow-up recommendations given to patients for surveillance colonoscopy. Endoscopy centers, both Hospital Outpatient Departments and freestanding ASCs, are encouraged to report their data on surveillance recommendations. The reporting performed in 2014 will form the basis for individual facility payment in 2016. *CMS has announced that facilities not reporting data in 2014 will be paid a lower*

rate in 2016.

Physicians who perform colonoscopy and facilities that support colonoscopy services are encouraged to educate themselves about quality in colonoscopy and to understand how quality is measured. Both physicians and facilities should understand the recommended elements in a standard colonoscopy report. Facilities should understand how to measure both the cecal intubation rate and adenoma detection rate. Endoscopists should learn where they stand on these quality measures, and if necessary, work towards improvement in their reporting their surveillance recommendation data, if they have not started already, to avoid cuts in their

reimbursement in 2016. More detailed information can be found at: www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-11-27-3.html